Perinatal Intimate Partner Violence (IPV)

Intimate Partner Violence Definitions
Intimate Partner (IP): "a person with whom one has a close personal relationship that may be characterized by the partners' emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other's lives" **Intimate Partner Violence (IPV):** "physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner" **Perinatal IPV**: occurs in year before pregnancy, during pregnancy, and/or up to one year following a pregnancy **Reproductive Coercion**: birth control sabotage (active interference with a partner's contraceptive method(s), often to get an individual pregnant against their will) and pregnancy coercion (threats, intimidation, or acts of violence used to try to control the outcome of a pregnancy

Epidemiology	
Barriers to Accurate Data	*Key Prevalence Statistics*
• Stigma surrounding IPV and its disclosure • Variance in the definition of IPV used • Variance in assessment tool used • Variance in survey method • Non-differentiation of past vs. current IPV	• 0.9-20.1% (3.9-8.3% in most studies) • Greater prevalence in LGBTQIA community • Data conflicts on whether pregnancy is protective against IPV, has no effect on IPV, or increases frequency and/or severity of IPV
Risk Factors	
Prior IPV (which raises the risk of violence during pregnancy as much as 14 times) Young age, particularly adolescents Individuals who are single, unmarried, or who are living apart Fewer years of education (particularly if less than a high school education) Co-existing medical or obstetric complication Being publicly insured or on Medicaid Unplanned/Mistimed pregnancy or ambivalence about the pregnancy	

Outcomes Associated with Perinatal IPV	
Homicide is a leading cause of death during pregnancy; an intimate partner is responsible in up to 2/3	
Mental Health	**Obstetric**
MDD and Postpartum Depression PTSD and Anxiety Disorders Substance Use Disorders (SUDs) Eating Disorders Suicide	Termination of pregnancy Delayed entry into prenatal care Preterm labor/delivery Miscarriage and stillbirth Low birth weight

Clinical Keys	
Trauma-Informed	- Use recovery-oriented, non-stigmatizing language - Review limits of confidentiality - Provide choices around screening, documentation, and referrals/resources
Screening	- Do not screen if another adult and/or a child over 2 y/o is present - Screen at the first prenatal visit, at least once/trimester, and the postpartum visit - Abuse Assessment Screen (AAS), E-HITS, Women Abuse Screening Tool (WAST)
Safety and Risk Assessment	- Danger Assessment (DA) is often used as well as easily available safety plan templates - RFs for homicide: access to gun and/or prior use of weapon, suicidal and/or homicidal threats by partner, partner with SUD, strangulation, hostage-taking, escalation of IPV, forced sexual activity, obsessiveness/jealously/possessiveness
Universal Education	- Provide education, safety planning, resources, and referrals (domesticshelters.org) to everyone, regardless of whether they consent to screening or disclose IPV - Review birth control options, risks of leaving, and a follow-up plan